LINCOLN LAND COMMUNITY COLLEGE
ONLINE BENEFIT ENROLLMENT

May 2, 2016 – June 9, 2016

What you need to know…

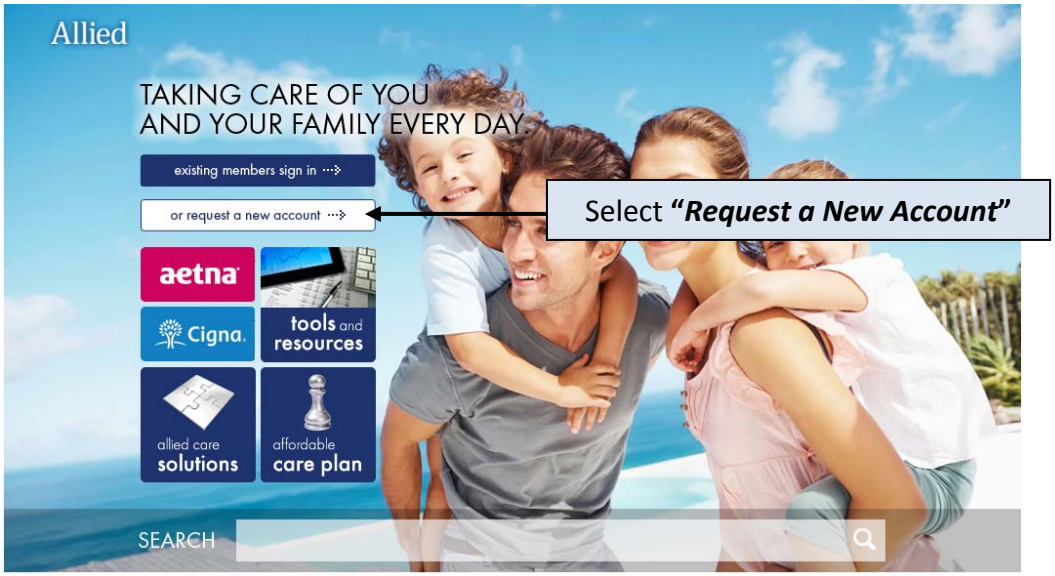
- ✓ Only those employees who are changing plans, adding/dropping dependents, contributing to a flexible spending account and/or declining health insurance coverage must go online and complete enrollment information.
- ✓ Flex Enrollment with Allied is required on an annual basis. **You must complete the online enrollment if you are electing Flex, even if you are only taking LLCC's contribution.**
- ✓ You will need to have an Account Number and Password from Allied. If you do not have an account, please follow the instructions on the next page.
- ✓ All changes made online to your medical, vision and/or dental plans will be effective July 1, 2016. ***Remember…Open Enrollment is the only time you can make changes without a qualifying event*.**
- ✓ Use the Medical, Vision and Dental summaries provided to review your benefit options.
- ✓ There is only one way to enroll:
    - Online…through **www.alliedbenefit.com**. Submit your changes no later than midnight of June 9, 2016. Please review to ensure your information is submitted correctly and PRINT your confirmation page!

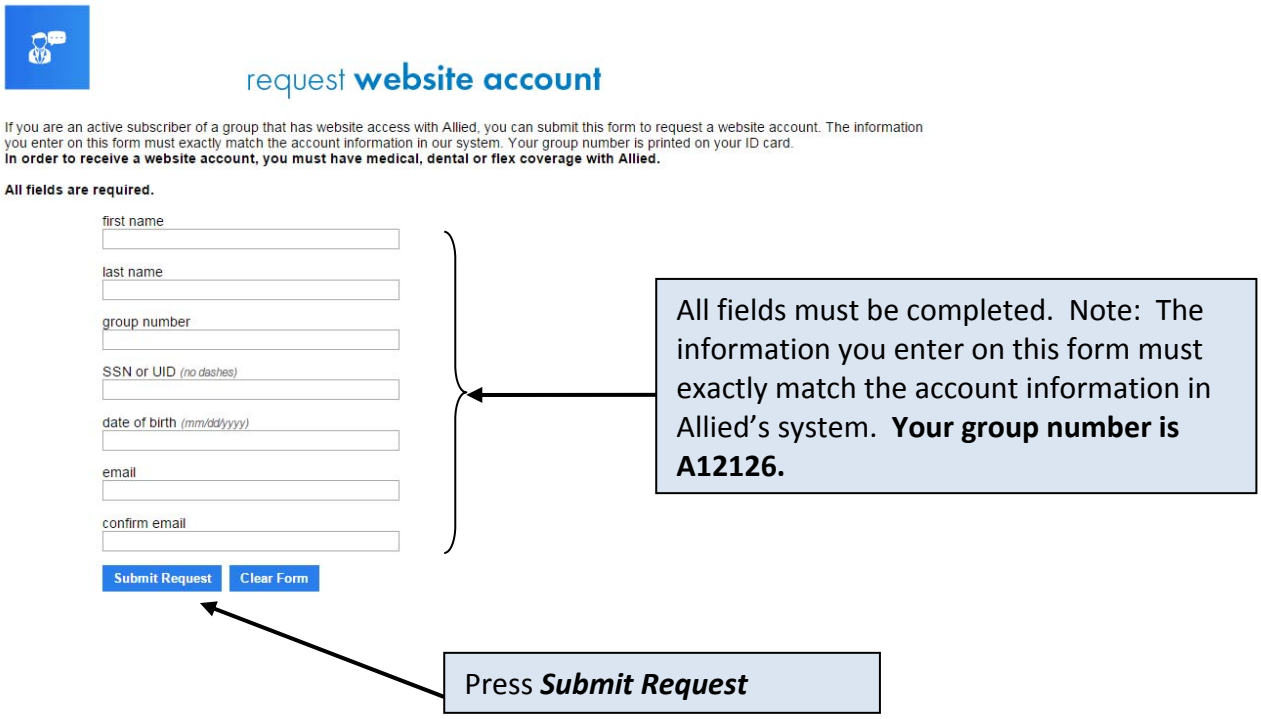
Changes will not be accepted after June 9, 2016

ACCESSING LLCC ONLINE BENEFIT ENROLLMENT

I'VE NEVER LOGGED ON TO ALLIED…WHAT DO I DO?

Through your web browser type **www.alliedbenefit.com** in the address line and press enter. You will be at the home page of Allied Benefits.

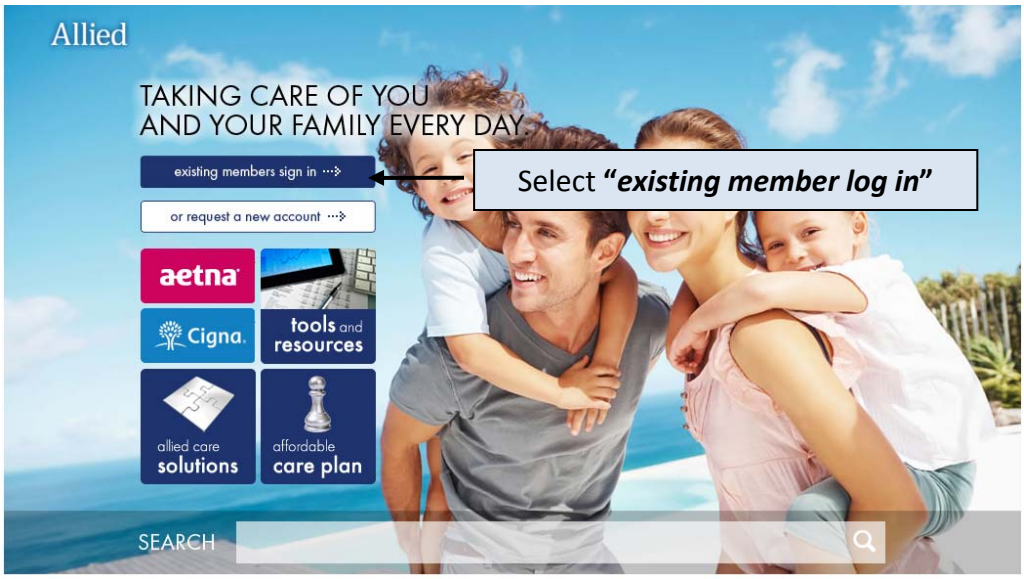


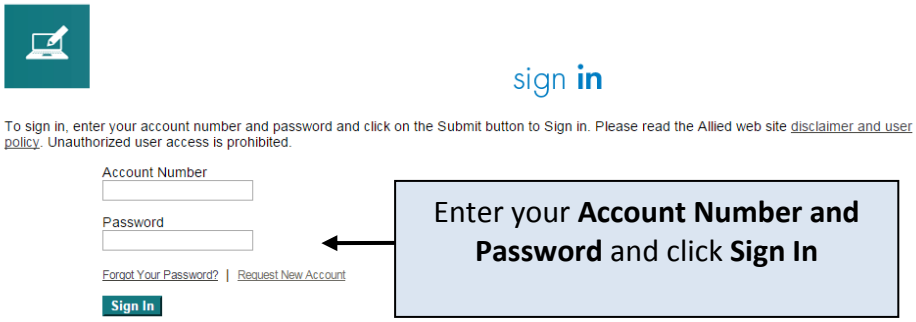


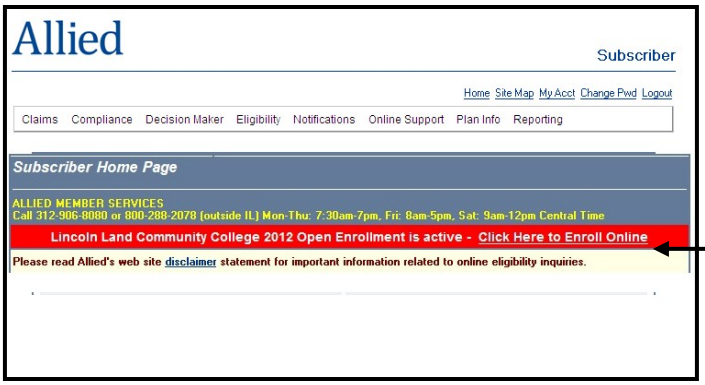
After the form is submitted, you will receive a confirmation email to the email address that you provided. Keep this for your records. This information will be needed to access Allied Benefit System's website.

I HAVE MY ACCOUNT NUMBER AND PASSWORD…WHAT DO I DO NEXT?

Through your web browser type **www.alliedbenefit.com** in the address line and press enter. You will be at the home page of Allied Benefits.

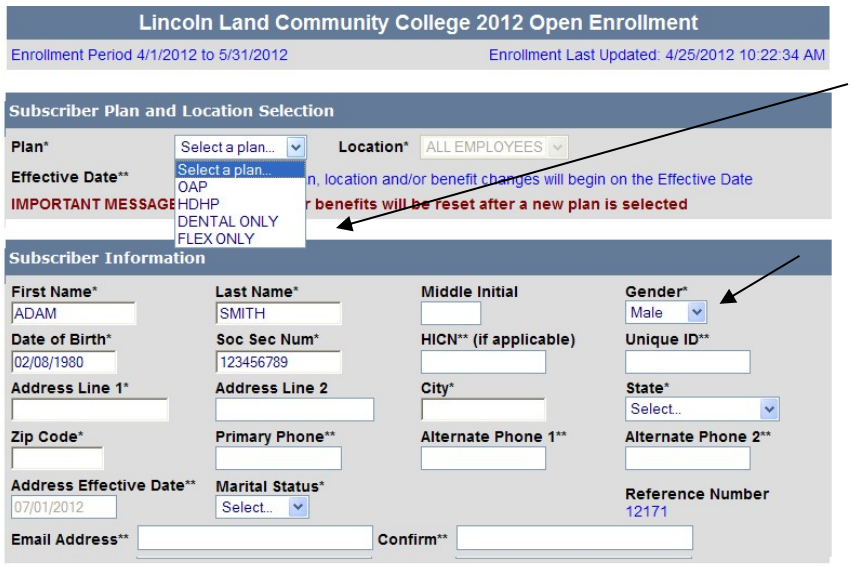






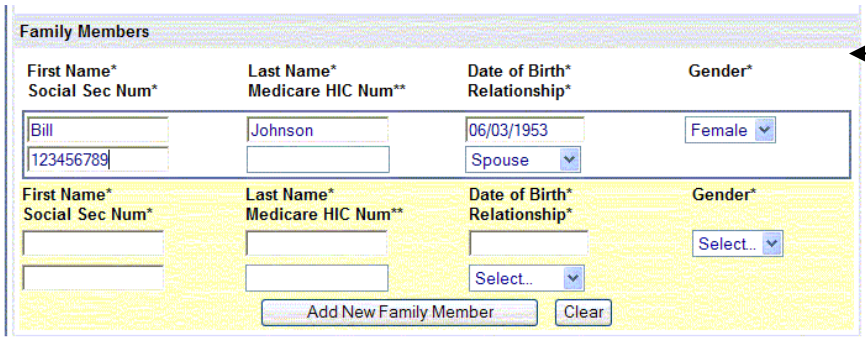
Select ***"Click Here to Enroll Online"***

Completing Enrollment



Subscriber Plan and Location Selection: The online system will require you to select the plan you elect as of July 1, 2016. If you wish to waive health and dental coverage then select FLEX ONLY. If you just want to waive health coverage, select DENTAL ONLY.

Subscriber Information: Update any blank field. Highlighted fields are mandatory. Verify the accuracy of your information.



Family Members:

Update any blank field.

Highlighted fields are mandatory.

Verify the accuracy of your information

Member Benefits

Member Name	Relationship	Available Benefits
ADAM	Subscriber	☑ Medical ☑ Dental ☑ Flex
MARK	Dependent	☑ Medical ☐ Dental ☐ Flex Debit Card

I am waiving: ☐ Medical Coverage ☐ Dental Coverage

Flexible Spending Account

Flex Type	Selected**	Annual Pledge**	Allowable Range	Previous Pledge
Health Care	☑ Yes	2500	$0 To $2500	$0
Dependent Care	☐ Yes		$100 To $2500	$0

☑ Enable direct deposit for flex reimbursements (requires flex benefit)

Subscriber Banking and Direct Deposit Information

Bank Name** Chase Account Type** Checking Effective Date 07/01/2012

Account Number** 123456 Confirm Account Number** 123456

Routing Number** 987654321 Confirm Routing Number** 987654321

Member Benefits:

Selections for members will be effective July 1, 2016.

Select Medical, Dental, and/or Flex for each covered person.

Flex:

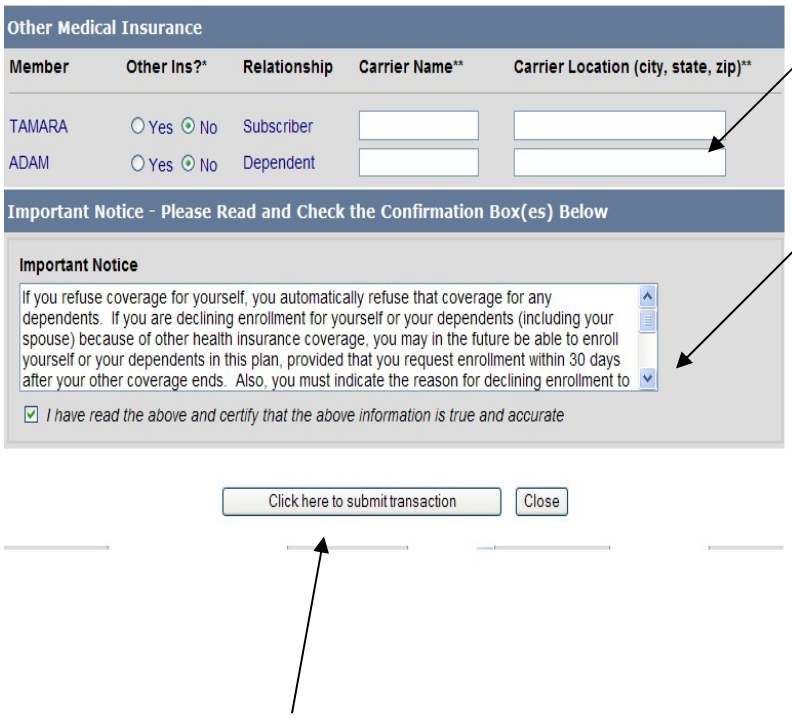
If you are electing flex check the box of the benefit(s) you want and enter what your pledge is going to be. **

****NOTE**

If you are waiving health insurance coverage and want the LLCC contribution, you must check the Health Care flex box and enter an annual pledge amount that you would like to contribute to the account (not LLCC's contribution) from $0 to $1,275. If you contribute any amount in the range of $0 to $500, LLCC will contribute $500 to your account. Employee contributions above $500 but not exceeding $1,275 will be matched dollar for dollar by LLCC. The total employee/employer contribution cannot exceed $2,550 annually per IRS guidelines.

Direct Deposit:

If you want your Flex reimbursements sent via Direct Deposit, select the check box and fill out the banking section.



<u>Other Medical Insurance</u>: If you or any covered dependent has access to other insurance please provide this information

NOTE: To be eligible to enroll in the High Deductible Plan, you <u>cannot</u> have any other medical insurance or be enrolled in Medicare.

<u>Important Notices</u>: Please read the open enrollment disclaimer, by checking the box you have agreed to the terms and conditions of this enrollment.

a. Acknowledgment With Respect to Fraud. By checking the box, you are acknowledging you have read, understood and agreed to the acknowledgement.

b. Consent and Authorization. By checking the box, you are acknowledging you have read, understood and agreed to the terms.

<u>Click here to submit your enrollment</u>: Once you click this button your information will be submitted for enrollment to be effective July 1, 2016. **BE SURE YOU REVIEW ALL INFORMATION FOR ACCURACY PRIOR TO SUBMITTING.**

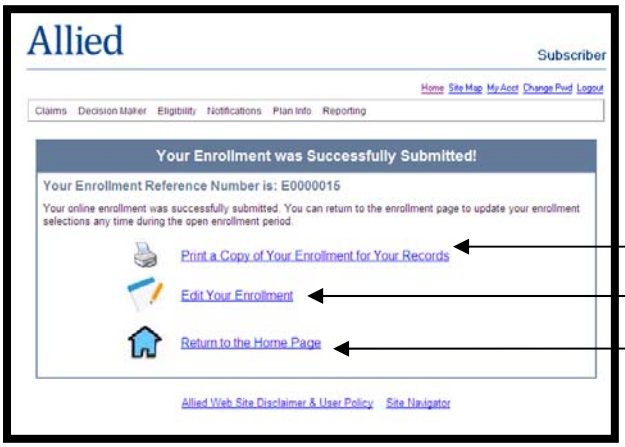
You will see:

Your enrollment was successfully submitted!

You will be issued a Reference Number

<u>Note</u>: If you submit your enrollment and need to make additional changes, repeat the steps above and resubmit. This will override previous changes.

You can now:



- Print or Save a copy of your enrollment for your records
- Edit your enrollment
- Return to the Home Page